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ABSTRACT

This practicum sought to improve the clinical writing skills of speech-language pathology graduate students, through the development and implementation of a pilot course. The problem of poor or inadequate clinical report writing skills resulted in an excessive time lapse between client contact and receipt of a final clinical report documenting results and recommendations. Findings from the literature regarding problems in report writing were reviewed. A clinical writing course was then designed and implemented for 60 students. The course format utilized a combination of lecture, discussion, providing sample reports, critiquing clinical writing, microtheme strategies, and journal writing in order to bring about change in students' writing content and style. Goals included reduction in report turnaround time, fewer rewrites of clinical reports, and fewer supervisor notations for each initial report draft. Practicum results were positive, although projected outcomes were not met. It is recommended that a clinical writing course be offered for one semester as part of the master's program for speech-language pathology students and that a sample report book be made available for speech-language students. Appendices offer a course syllabus and examples of microtheme assignments. (Contains 28 references.) (SW)

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ED 384 178

Improving Writing Skills in Speech-Language Pathology Graduate Students through a Clinical Writing Course

by

Barbara Packer

Cluster 49

A Practicum II Report Presented to the
Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

1995

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

Verifier: Jack R. Mills

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December 27, 1994

This practicum report was submitted by Barbara Packer under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

Jan. 12, 1995
Date of Final Approval of Report

Wm. W. Anderson
William W. Anderson, Ed.D.
Advisor

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ABSTRACT

Improving Clinical Writing Skills in Speech-Language Pathology Graduate Students through a Clinical Writing Course. Packer, Barbara, 1994: Practicum Report, Nova Southeastern University, Ed.D. Program in Child and Youth Services. Clinical Writing/Speech-Language Pathology/Graduate Students/Microthemes/Journal Writing.

This practicum was designed to improve the clinical writing skills of speech-language pathology graduate students through the development and implementation of a pilot course in the Masters Program curriculum in Speech-Language Pathology. The clinical writing course was implemented during an eight month period for 60 students, prior to and during the students' first clinical rotations.

The writer conducted three, one-hour classes each week for 20 students. The course format utilized a combination of lecture, discussion, provision of sample reports, critique of clinical writing, microtheme strategies, and journal writing in order to affect change in students' writing content and style. Goals included reduction in report turnaround time, fewer rewrites of clinical reports, and fewer supervisor notations for each initial report draft.

The results of the practicum were positive although projected outcomes were not met. Improvement was measured in decreasing the average number of rewrites of reports, in decreasing the report turnaround time, and in decreasing the average number of supervisory changes in initial draft reports.

Permission Statement

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CHAPTER I

INTRODUCTION

Description of Community

This practicum was conducted in a large urban community area in southeastern United States, with a population of approximately 150,000. The community is best known as a vacation and retirement center, although there is a large number of working professionals and their families. The practicum was implemented in an institute for hearing, language and speech at a private, independent university. The private, independent university is the second largest in the state, with over 3,630 undergraduate students, 7,530 graduate students, more than 790 law students, and 385 other, non-degree seeking students. There are, additionally, 1,226 students enrolled in medical, optometry, pharmaceutical, occupational and physical therapy programs.

The institute for hearing, language, and speech provides speech-language pathology and audiology services to the community and serves as the first clinical training site for speech-language pathology masters students. The institute's staff, including graduate students and clinical supervisors, provide evaluative and treatment services to children with speech, language, learning, developmental or

hearing disabilities within a private, special services laboratory school associated with the university, and to three distinct school centers at the university.

The institute's staff also provides speech-language-hearing evaluative and treatment services to clients referred from a variety of sources within the community, including medical services, psychological services, social services, schools, and others.

Writer's Work Setting and Role

The writer is the Coordinator of Audiology and Aural Rehabilitation in a masters program in speech-language pathology at the university. The program falls within the Center for the Advancement of Education. There are 262 part-time and full-time active speech-language masters students in the program, each of whom completes an academic and a clinical course of study.

The 60 graduate students who were involved in this practicum included those who were to be enrolled in any one of the following courses in the semester in which they were placed into the clinical writing course: Audiology, Phonological Disorders, Language Disorders in Children, and Diagnostics I. These 60 students were initiating the clinical component of the graduate training program. They were beginning to write lesson plans, Subjective-Objective Assessment Plans (SOAP) and chart notes, progress reports, and diagnostic speech-language and audiology evaluation

reports during the eight months necessary to complete their clinic rotations.

There were 21 clinical supervisors in the graduate program. This number represented 10 full-time and 11 part-time licensed speech-language pathologists and audiologists employed by the university to supervise the masters students in clinic lab, diagnostics lab, audiology lab, and aural rehabilitation lab.

The writer's role is coordinator of audiology and aural rehabilitation services at the Speech-Language Masters Program at the university. The writer's responsibilities included coordination of services in audiology and aural rehabilitation at the university. The writer's role included direct supervision of graduate students in provision of services, clinic coordination of audiology and aural rehabilitation supervisors, and liaison between audiology programs and services and those services delivered in the speech-language clinical program.

The writer teaches two graduate level courses in Audiology and Aural Rehabilitation, and is one of six members of the Administrative Council of the Masters Program in Speech-Language Pathology, which holds decision-making power regarding changes in academic or clinical requirements of the program. The writer is chair of the program's search committee, participates on the student review committee, and is the coordinator of all continuing education programs

offered through the Masters Program.

The writer holds a masters degree in audiology, is certified by the American Speech-Language-Hearing Association, and is licensed by the state. The writer has worked in the field of audiology for 18 years in both clinical and supervisory capacities, and has specialized diagnostic experience with difficult-to-test children, including very young hearing-impaired youngsters, severely mentally retarded children, autistic children, and those with auditory perceptual processing disorders. The writer has been revising speech-language pathology graduate students' clinical reports for eight years.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

Clinical report writing skills of speech-language pathology masters students were poor, requiring numerous rewrites of reports, which adversely affected the timespan between client assessment or treatment and completion of an acceptable clinical report. Graduate students in the speech-language masters program are required to write lesson plans, SOAP and chart notes, progress reports and diagnostic speech-language pathology and audiology evaluation reports immediately following client assessment or treatment. The reports are submitted to the clinical supervisor, whose responsibility is to critically review for content as well as organization and readability. The clinical supervisor returns the initial clinical report drafts to the graduate student, who must revise, rewrite, and resubmit. Final clinical reports become a part of the client's records, and copies are sent to the referral source and/or to others for whom a release of information has been signed.

Clinical report writing is an essential part of the clinical training component of the Masters Program in Speech-Language Pathology, and graduate students receive

clinical grades in Diagnostics II, Clinical Lab, Audiology Lab, and Aural Rehabilitation Lab for which written reports constitute a portion of their final grade.

Clinical reports were rewritten two to five times each, creating excessive time spent by each clinical supervisor in revision and feedback. Numerous rewrites of clinical reports also adversely affected novice student clinicians, whose time constraints were strained by academic responsibilities, by clinical caseloads, by family responsibilities and, in some cases, by outside job responsibilities.

Because of the numerous rewrites of clinical reports, there was an adverse impact on clients, their families, and referral sources, in that an excessive amount of time elapsed between evaluation or treatment and receipt of a clinical report documenting results accompanied by clinical impressions and recommendations. There was also an obvious adverse effect on the clinical supervisors and the graduate student clinicians in that an inordinate amount of time was spent on revisions of clinical reports.

The problem had not been resolved as there had been no systematic approach to teaching clinical writing skills to speech-language graduate students enrolled in the Masters Program in Speech-Language Pathology. The graduate program included 48 mandatory graduate credits, which are based on requirements mandated by the American Speech-Language-

Hearing Association, the accrediting body for programs in speech-language pathology. Faculty philosophy had been to infuse clinical writing into the clinical lab courses. As the program had grown since its inception 10 years ago, the number of graduate students enrolled in on-campus clinical labs had grown dramatically. As many as 60 students in any one semester were enrolled in clinical coursework. The number of graduate students exhibiting difficulties in clinical writing had become proportionally higher as well.

Since there were numerous clinical supervisors, there had been no method to maintain inter-rater reliability for corrections of clinical reports, and no general consensus about clinical writing. With the large numbers of students in clinic at any given time, it had become more difficult to adequately address clinical writing as part of the clinical lab experiences.

The problem was poor or inadequate clinical report writing skills in speech-language pathology masters students, resulting in an excessive time lapse between client contact and receipt of a final clinical report documenting results, impressions, and recommendations.

Problem Documentation

The existence of this problem was documented by a survey of 40 speech-language pathology masters students and 18 clinical supervisors whereby all indicated that the amount of time spent on report writing and revision was

excessive, and that a minimum of two rewrites (and often as many as five rewrites) resulted in an unacceptable time lapse for clients to receive written documentation of their results.

The problem was also documented by a file review of 50 clients' folders, where the average time between patient contact and completed report was four weeks.

The existence of the problem was also documented by a review of 20 audiology and 20 speech-language pathology evaluation reports which revealed that an average number of supervisor notations/changes per initial report was 40.

Causative Analysis

This writer believed that there were several causes of this problem. One factor was inadequate written and verbal skills of the graduate students entering the Masters Program in Speech-Language Pathology. This program does not require the Graduate Record Examination (GRE) scores of prospective candidates, nor does it require a writing sample from applicants for admission. Students are admitted unconditionally if their cumulative undergraduate grade point average (GPA) is 3.0 or higher on a 4.0 scale, or if the candidate holds an earned masters degree. Students could also be admitted conditionally if their GPA was at least 2.75 on a 4.0 scale; however, remaining in the program is contingent on completion of nine semester hours of coursework earning a GPA of 3.0. Thus, our admissions

criteria allow candidates who may have chosen not to take the GRE or who may have a GPA less than 3.0. The program, by virtue of its geographical location, also admits a number of students for whom English is a second language.

A second causative factor of this problem was inadequate preparation of the speech-language masters students regarding clinical report writing. Prior to this project, the students had received feedback on an informal basis from a number of different clinical supervisors, once enrolled in any of the four, on-campus clinical lab experiences. There was no formal, advance training in clinical writing skills.

A third cause of the problem was inconsistent feedback from the staff of 21 clinical supervisors regarding clinical writing. Graduate students critique the clinical supervisory staff on a semester basis, and one issue which has recurred in the past 10 years related to different approaches and philosophies regarding clinical writing among the 21 full-time, part-time, and adjunct supervisors.

A fourth cause of this problem was inadequate practice in writing, in general. The academic coursework in the Masters Program in Speech-Language Pathology did not necessarily require written assignments such as term papers, essays, or journals from students. Many faculty members utilize multiple choice or short answer examinations, and graduate students were not afforded multiple opportunities

to write until they reach the clinical practicum stage of their masters program. Once enrolled in clinic, however, the writing requirements increased dramatically.

Relationship of the Problem to the Literature

Clinical records and reports are the primary vehicles of communication with other speech-language pathologists and audiologists, health and education professionals and administrators, government agencies, and third-party payers. Patient or client records with supporting reports should provide a complete written history of the course of work with individuals. The accuracy and thoroughness of documentation is often the key to third-party payment for services and also influences administrative decisions about the effectiveness of the clinician's work (Cornett & Chabon, 1988).

Despite the obvious need for excellence in documentation, difficulties in written language have been observed in college and graduate students in an array of fields. Allen, Bowers, and Diekelmann (1989) reported decreased literacy skills among college graduates in general, and specific difficulties in writing competency among nursing students. This decrease in literacy translated to a concern about the students' abilities to acquire knowledge, as it was felt by these writers that writing is a process by which information is acquired, shaped, and understood.

Evidence has been presented in the literature by Woodward (1967) that articles that appear in scientific and scholarly journals were often poorly written. As students are among the varied consumers of these journal articles, a corrupting influence results on young scientists' writing, reading and thinking. The premise that there is a deterioration in the quality of students' thinking as they read poorly written articles in the scientific literature is alarming.

Radiological journals are replete with unclear messages in published articles. Berk and Whalen (1992) described these problem messages and articles, which they felt undermine the importance of scientific research. These writers offered examples of wording which leave the reader unsure of the facts. In other words, the facts were sometimes obscured by the verbiage.

Examples of poor writing can be found in prominent journals in the field of speech-language pathology and audiology as well. Jerger (1962) cited passages in articles from refereed speech and hearing journals that were poorly organized, and therefore, difficult to read. Such articles are often cited in academic classes in speech-language pathology and audiology, and the student-consumer is influenced by the content and writing style of well-respected researchers, who may not be good models of excellence in writing.

Authors have written that there is evidence of less than adequate writing skills in both students and professionals in the field of speech and hearing. Haynes and Hartman (1975) summarized common errors in clinical reports submitted by student speech clinicians, and described the process of constant revision by supervisors of novice speech student clinicians' reports. Students learn to write via a process that emphasizes what not to do in clinical report writing. This process fosters a trial-by-error approach to clinical writing.

Few researchers have carefully investigated the problems associated with the development of skill-building in the process of clinical writing. Mercaitis (1988) reported that clinical writing is a professional skill which needs to be developed in speech-language pathology students, and investigated the nature of written feedback between graduate students and their supervisors.

Pannbacker (1975) reported a summary of problems in student report writing. She compiled examples of ambiguous and poorly organized reports written by practicing speech and hearing clinicians. It was obvious that many students were not adequately prepared for professional writing.

This problem is also reported to be prevalent in the realm of psychology, as well. Ownby (1990) documented complaints made by consumers of psychological reports which demonstrated that the data presented was not clear or

logical. The study cited difficulties in understanding the information by special education teachers and by other psychologists.

Consumers of psychological reports may also be non-professionals, and these lay individuals include parents who are very interested in their child's test results. Sandy (1986) reported that current school psychological reports might have the unpleasant result of increased parental defensiveness when the reports do not promote effective communication of test results. School psychological reports are most valuable when they promote a clear understanding of a child's strengths and weaknesses in terms that are easily understood, well-organized and lack professional jargon. Pryzwansky and Hanania (1986) discussed the value of school psychological reports as a communication tool, and posed grave questions concerning current report-writing practices.

Poor writing can adversely affect employees in other disciplines as well. Evidence presented by Kramer (1988) revealed that poor writing in the business and industrial workplace contributed to poor employee productivity. It is apparent that writing, as a skill, is necessary in order to promote improved communication as well as monetary gain based on more productivity.

Poor writing skills are a dilemma at the college level, at the graduate school level, and at the workforce level. Smit (1991) reported that a reason for students exhibiting

less than adequate prowess in writing is because very little teaching time is spent on writing instruction, and students spend equally little time practicing writing.

Professionals are also at fault, as often patients' evaluation results are ignored when the reports' authors pay too little attention to the presentation of findings in a clear, concise writing style (Broughton, 1991). Written reports should not be hampered by faulty practices of the past. The report should be focused, length conscious, and not overly demanding of either the writer's or the reader's time (Tallent, 1993).

Smit (1991) refers to a "crisis" in writing - one that has remained stable for one hundred years. He reported that in 1898, with the rise in mass education, in a subject A examination at the University of California, a precursor to today's writing tests, 30 to 40% of those taking the test were not proficient in English. These numbers were virtually identical to the number of those taking writing tests in 1991 and performing inadequately.

It is clear that writing is an issue for teachers and students in an array of fields. In speech-language pathology and audiology programs, the necessity for adequate written communication with clients, parents, colleagues and other professionals has been acknowledged for years. Unfortunately, it has also been neglected by teaching institutions as the ever-expanding scope of practice and the

influx of technology and specialty training has preempted writing training in favor of providing other urgently needed knowledge and skills. Thus, clinicians are poorly prepared to write reports because of limited academic and clinical training (Middleton, Pannbacker, Vekovius, Sanders & Puett, 1992).

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The following goals and outcomes were projected for this practicum: to improve clinical report writing skills of speech-language graduate students enrolled in the clinical component of the Masters Program in Speech-Language Pathology and to reduce the amount of time spent in report writing and revision, thereby improving turnaround time between client contact and final report. The goals include improving graduate students' professional writing skills in a graduate program whose primary focus is communication, so that written language is inherent in this process.

Expected Outcomes

There were three expected outcomes as a result of this practicum. The first expected outcome was that there will be an improvement from two to five rewrites of each speech-language pathology or audiology clinical report written prior to implementation of the practicum to one to three rewrites of each clinical report. This end result will foster less time spent on report writing and revision by students and supervisors.

The second outcome was that there will be a reduction in the amount of time between speech-language pathology or audiology client contact and completed clinical report to an average of three weeks after implementation of this practicum. This end result will foster speedier and improved written communication between clinician and client and between clinician and referral source.

The third outcome was that there would be a reduction in the average number of supervisor notations and/or changes per initial draft report from 40 to 25, following implementation of this practicum.

Measurement of Outcomes

Each outcome described above was measured by the writer, as follows: First, following the eight month implementation, 40 clinical reports (20 speech-language pathology and 20 audiology diagnostic evaluations) were randomly reviewed by this writer from the Institute's client files. The number of rewrites of each report (or the number of times each report was revised by the supervisor and returned to the student) was documented by this writer and was certified by the supervisor responsible for the final client report.

Second, following the eight month implementation, 40 clinical reports (20 speech-language pathology and 20 audiology client reports) were randomly obtained from the client file drawers. A review of the log notes which is

contained within each client file documented the actual amount of time between client contact and receipt of a completed clinical report.

Third, following implementation, each clinical supervisor was requested to submit two initial draft reports from graduate students to this writer. The actual number of supervisor notations/changes per initial report was counted by this writer, and a tally was maintained.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

Clinical report writing skills of speech-language pathology masters students are poor, requiring numerous rewrites of reports, which adversely affected the timespan between client assessment or treatment and completion of an acceptable clinical report. Teaching and learning to write in a technical and professional language is an important part of education in speech-language pathology. Students often do not begin to practice writing until they are enrolled in clinical practica in speech-language pathology or audiology, or until they enroll in graduate research seminars in which professional and scientific writing are required (Hegde, 1994).

Woodward (1967) stated that a graduate course on scientific writing can strengthen scientific thinking. His feeling was that such a course is essential to a scientist's training, especially if the course delved into logic, precision, and clarity and demonstrated how these qualities could be achieved in writing.

The idea of a course in writing had been recommended by The Council of Biology Editors in response to published

experiments which are confusing to the reader. Wolfle (1967) suggested developing a short, intensive course in writing to be taken by graduate students when they initiate activities to prepare reports for publication.

Allen, Bowers and Diekelmann (1989) suggested a paradigm shift in building a curriculum in the field of nursing. These authors discussed reconceptualizing the connection between writing and thinking, such that the new perspective is one that espouses the idea that improved writing will develop better thinking.

The idea that writing encourages students to summarize, analyze, synthesize and evaluate material; therefore, writing promotes critical thinking skills in students. This focus provided the backbone for the development of the writing across the curriculum movement, which has been adopted at numerous community colleges. Students are thereby encouraged to become a more active participant in the learning process.

A college curriculum change which has been utilized is the institution of journal writing (Allen et al., 1989; Dunn, 1989; Kneeshaw, 1992; Stanley, 1991). Journal writing is a loose and random writing exercise which provides students with practice setting down their thoughts. It is an expressive writing act which is considered closest to the act of learning (Stanley, Bay, Russett, & Silverman, 1986).

Journal writing combines learning and articulating one's thoughts, and shifts students from a passive to an active learning role. This is one exercise which has proven useful in improving students' writing and cognitive skills. Another recommended activity to facilitate the development of student's conceptual skills is the use of microtheme writing (Allen et al., 1989; Dunn, 1989; Kneeshaw, 1992; Miles, 1982; Stanley, 1991).

The microtheme is a short, highly structured essay which requires students to respond, in writing, to a problem posed by the instructor. Students are instructed to write on a small, five-by-eight inch index card, which challenges them to write logically and succinctly. Bean, Drenk and Lee (1982) suggested that microtheme writing has as its strengths the ability to be graded rapidly, which makes it adaptable to large classes without overburdening the instructor.

A solution strategy recommended in the literature included instituting a six-week training program in writing, which should include both students and their supervisors (Kramer, 1988). By including the supervisory staff, it was felt that carryover became more effective.

Providing students with sample reports and training exercises allows more training in the recognition of good writing, and has been recommended as an essential part of a clinical writing course in the field of speech-language

pathology (Middleton et al., 1992). The idea to systematically study sample reports was also recommended and implemented by Pannbacker (1975). She provided information that there is a wide range of competency in report writing demonstrated by supervisors, and therefore the use of a large variety of sample reports is beneficial.

Smit (1991) suggested that there is an overall need to provide an emphasis in the curriculum at the college and university level. His general recommendations included more practice over time, more focused practice, and more focused feedback. Another suggestion was to provide for consultation time with the faculty member or with peers at the level of early drafts.

In face of the explosion in the field of technology, and the ever-increasing use of computers to word process reports, the use of specific word processing software has been recommended to help students organize and produce better clinical reports (Cassidy, Koller & Schwartz, 1984).

It is apparent that many technical, medical and professional fields have proposed solutions to the problems related to poor writing skills among students, in general. In the fields of speech-language pathology and audiology, with the expansion of the knowledge base necessary to graduate students with minimum competencies, one area that has been overlooked or minimized is report writing. The continued training of students in the art of professional

report writing is critical to the success of the graduate clinician (Knepflar & May, 1989).

Other ideas generated by this writer included obtaining frequent input and feedback from the clinical supervisors directly responsible for critiquing student clinicians' reports and holding monthly meetings with the supervisory staff in an effort to keep them apprised of topics reviewed in a clinical writing course. By including the supervisory staff in the process, feedback on writing included current preferred practice parameters and was be applicable to the on-campus clinical caseload.

An additional solution was to review and revise the currently used report critique forms used in the clinical curriculum to provide more focused input from the supervisory staff. Finally, there was developed guidelines for the of a "shorthand" for critique notes which was utilized by supervisors and student clinicians to facilitate revision of reports. This shorthand had a timesaving advantage for supervisors to review and provide feedback to student clinicians.

Description of Selected Solution

Based upon a combination of a review of the literature, input solicited from the clinical supervisory staff, survey information obtained from graduate students, advice from members of the Administrative Council, and eight years of revisions of students' reports in clinical audiology, the

writer was prepared to establish a clinical report writing course for graduate students with the Masters Program in Speech-Language Pathology. It was this writer's belief that many of the solutions offered in the literature could be implemented with the designated population in the writer's work setting, and in the specified eight month implementation time period. These solutions were incorporated into the writer's plan to improve clinical writing skills in graduate speech-language pathology masters students.

The clinical writing course which was implemented focused on the mechanics of writing via microthemes and journal writing. These types of writing exercises provided the practice necessary for students to achieve comfort in the process of writing, and provided greater opportunities for success in writing.

The clinical writing course focused on issues related specifically to the fields of speech-language pathology and audiology. These issues were addressed in lecture format, through provision of good examples of clinical writing in sample reports, and via peer and instructor review of report styles typically used in these fields. This included practice in writing portions of progress reports, lesson plans, SOAP notes and diagnostic reports.

The writer focused on improving inter- and intra-supervisor reliability via standardized critique forms and

inservice training for clinical supervisors. Students were less likely to complain of discrepancies in feedback obtained from many different supervisors through the use of standardized critique forms and standardized shorthand notes. Additionally, targeting the speech-language pathology and audiology supervisors in this practicum ensured input from the staff directly responsible for providing feedback to the students.

The writer felt that a specific course in clinical writing addressed the issues of inadequate written skills of graduate students; inadequate preparation of the speech-language students in audiologic and speech-language pathology writing issues; and provided weekly practice in writing. The writer also believed that the additional practice in writing would improve the students' critical thinking skills, which are tantamount in becoming a successful clinician.

Report of Action Taken

The steps the writer took to implement this practicum included the following procedures: approval to implement the proposed solution strategy was achieved from the practicum advisor and from the Program's Research and Curriculum Committees.

The writer then petitioned the Administrative Council of the Masters Program in Speech-Language Pathology to add a no-charge, not for credit course in clinical writing, to be

taught by this writer. Once approval had been obtained, the writer obtained a roster of students who were embarking on the clinical portion of their speech-language curriculum. This roster included those students enrolled in any one of the following courses during the spring/summer semester: Phonology, Diagnostics I, Language Disorders in Children, and/or Audiology. The roster also included those students who were enrolling in Diagnostics II during the fall semester.

The writer obtained a signed release (see Appendix A) from each graduate student to enroll in the newly created Clinical Writing course. These signed release forms were kept on file in the program office.

The writer organized the Clinical Writing course into three sections, not to exceed 22 graduate students in each group, based on students' previously submitted academic, clinical and work schedules. The writer then arranged for three, one hour, once a week courses, with a meeting time and place, for a maximum of 22 students in each section. Identical lectures, hand-outs, and materials were used during each of the three sections of the course. This allowed students who could not attend one section during a particular week to be present later on that week and cover the same material.

The writer prepared a course syllabus for Clinical Writing (see Appendix B), and submitted the syllabus to the

coordinator of curriculum for the speech-language program. The writer identified two guest lecturers from among the clinical speech-language supervisory staff to provide an in-class lecture during the first semester on writing lesson plans, and during the second semester on writing SOAP notes.

The format for each class meeting remained the same from week to week. The topic was introduced in lecture format, with class discussion immediately after. Samples of good and poor writing were presented via overhead projection, with groups of students providing ideas to improve the sample. A microtheme assignment to be done during class time was given, and while the students were working on the assignment, the writer reviewed journal entries, and provided input on previous microtheme assignments. Examples of microtheme assignments are listed in Appendix C.

The writer scheduled a once monthly meeting time and place with the clinical supervisory staff, in cooperation with the clinic coordinator. The meeting coincided with the monthly supervisors' meeting. The writer also revised the report form critiques with input from the clinical supervisory staff.

The timeline for implementation of this practicum was an eight month period, which included two consecutive semesters in the graduate speech-language masters program to include the spring/summer and fall semesters. The final

report for this practicum was submitted to the practicum advisor after completion of final data collection regarding clinical reports.

It was difficult to control class attendance for the students involved in the Clinical Writing class. As the class was offered for no credit (even though it was gratis), students did not attend at times throughout the semester--particularly during midterm and final exam weeks. The writer offered various incentives for attendance throughout the semester, including a letter attesting to the successful completion of the writing course which could be utilized as part of the student's vita. The writer also offered to review any written assignments in other academic or clinical coursework for organization, clarity and mechanics.

CHAPTER V

RESULTS, DISCUSSION AND RECOMMENDATIONS

Results

The problem that existed in this writer's work setting was that clinical report writing skills of speech-language pathology masters students were poor, requiring numerous rewrites of reports, which adversely affected the timespan between client assessment or treatment and completion of an acceptable clinical report. The numerous rewrites of reports had an adverse effect on graduate students enrolled in each of four clinical rotations and their supervisors, in that an inordinate amount of time was spent revising, editing, and rewriting clinical reports. The excessive time spent resulted in an unacceptable lapse of time between client visit and receipt of a report documenting results. This, in turn, affected clients, their families and referral sources.

The solution strategy chosen by this writer was to develop and implement a formal, pilot course in clinical writing that was offered to 60 graduate students in the speech-language masters program prior to and during the first of their clinical rotations. The course met weekly, with a format that incorporated microtheme strategies,

journal writing, lecture, discussion, and critique. Students were afforded the opportunity to practice writing skills and adapt their personal styles to a more professional form.

The writer also met with the speech-language pathology and audiology supervisory staff on a monthly basis, to provide information about the clinical writing class, to solicit feedback and examples, and to work toward a more reliable rating scale for critiquing clinical reports and assignments.

The first expected outcome was that there will be an improvement from two to five rewrites of each speech-language pathology or audiology clinical report written prior to implementation of the practicum to one to three rewrites of each clinical report. This outcome was met by 12 of 13 supervisors, who reported one to three rewrites of reports, with an average of 2.5 rewrites at the end of implementation. Only one supervisor was recorded with five revisions. Table 1 provides an illustration of the results for this outcome.

The second expected outcome was that there will be a reduction in the amount of time between speech-language pathology or audiology client contact and completed clinical report to an average of three weeks after implementation of this practicum. This outcome was not met, in that there was an average of 25.45 days (slightly over the three week target) between client contact and completed clinical

Table 1

Number of Rewrites of Clinical Reports per Supervisor

Total Number of Supervisors - 13

Supervisor	Number of Revisions
AL	3
SA	3
CC	5
JS	3
EH	3
MG	1
BH	3
CW	3
BP	1
CR	3
AS	1
RP	3
ND	1
Average	2.5

report. This outcome is illustrated in Table 2.

Table 2

Number of Days Elapsed between Client Contact and Completed Report

Total Number of Reports Tracked - 40

Speech-Language Reports	Audiology Reports
45	45
37	9
28	20
44	35
42	9
10	14
33	14
34	26
31	19
44	12
28	32
29	20
10	20
31	11
31	24
31	7
44	13
23	23
25	16
24	25
Average 31.2	19.7

Combined Average - 25.45

The third expected outcome was that there would be a reduction in the average number of supervisor notations and/or changes per initial draft report from 40 to 25, following implementation of this practicum. This outcome was not met, in that the average number of supervisor notations and/or changes per initial draft report were

reduced to 35.66. This outcome is illustrated in Table 3.

Table 3

Average Number of Notations/Changes in Initial Draft Reports

Total Number of Reports Reviewed - 40	
Before Implementation	After Implementation
40.1	35.66

It should be noted that while an average reduction in notations and/or changes per initial draft report did not meet the target of 25, there was a small average reduction in supervisor notes.

Discussion

Each of the three expected outcomes for this practicum was not achieved to the levels projected at the outset of the project. However, an examination of each area showed improvement.

In the area of report rewrites, the 12 of the 13 supervisors reached the target of only one to three rewrites per report. As this writer examines the data, it becomes apparent that four supervisors reduced the number of rewrites to only one per report, and an additional eight supervisors reduced the number of rewrites to three per report. These numbers, however, do not reflect the actual improvements noted in report writing by the supervisors. Many reported that, following implementation, the clinical

supervisors were able to focus their attention on report content rather than report mechanics. Far less attention was placed on format, grammar, spelling, redundancy, and readability and supervisory attention could be placed on professional issues. This kind of improvement as reflected in supervisors' comments was not measured by projected outcomes.

In the area of report turnaround time, there was a documented decrease in average number of days elapsed between client contact and completed report from 28 days prior to implementation to 25.45 days following implementation. As this writer reviewed the data, it became apparent that there was a significant difference between turnaround time for audiology reports (averaging 19.7 days) and speech-language pathology reports (averaging 31.2 days). It is this writer's belief that reasons for this difference include report length differences, use of sample reports and paragraphs, practice, and secretarial issues.

The speech-language pathology reports reviewed for this project averaged four pages in length, whereas the audiology reports rarely exceeded two pages. Therefore, rewrites would take less time, and were managed by the clinical audiology supervisory staff more quickly than the speech-language pathology supervisory staff.

In audiology labs, students were encouraged to make use of a sample report book and to utilize sample paragraphs, if

applicable, to new clients' reports. This was not the case in speech-language clinic or in speech-language diagnostic groups. It is this writer's opinion, that samples should be integrated into a student's writing repertoire, provided that the student is encouraged to critically review such samples.

A complete audiology report was written by each student assigned to audiology lab once weekly, for a total of 14 reports per semester. In contrast, only four complete speech-language pathology diagnostic reports were written by a given student during a semester of Diagnostics II. Therefore, a significant practice effect would be enjoyed by students enrolled in audiology lab, which contributes to fewer revisions of reports and a shortened turnaround time.

Another factor related to report turnaround time that is not accounted for when looking at the outcome measure was time spent by secretarial support preparing reports for mailing. This included copying reports, logging reports, checking release forms to ensure that reports were sent only to those for whom permission was granted. Depending on the secretarial workload during the semester, reports might be prepared by students to be sent within three weeks, but delays were experienced due to other secretarial chores.

In the area of average number of notations or changes in initial draft reports, the number did decrease from 40.1 prior to implementation to 35.66 following implementation of

this practicum. Supervisors reported to this writer that the type of notation changed dramatically from actual wording changes to creating opportunities for students to apply more critical thinking skills to the writing process.

In summary, although each of the three outcomes projected for this practicum were not met to the degree originally anticipated, it was felt that improvement was measured in all three outcome areas. The writer, the students and all supervisors involved were pleased with the results of this project and felt that a clinical writing course should be included in the curriculum for all speech-language pathology masters students.

Recommendations

1. It is recommended that a clinical writing course be offered as part of the masters program curriculum for speech-language pathology students. The course should be offered prior to enrollment in the clinical lab experiences on-campus.

2. It is recommended that the clinical writing course be offered during one semester, as opposed to a two semester sequence, in the same format as presented in this practicum report.

3. It is recommended that a sample report book be compiled for the speech-language pathology clients similar to the one that is utilized in audiology lab.

Dissemination

This practicum will be shared with all member of the speech-language masters program faculty at the writer's university during the annual curriculum retreat in January, 1995.

The writer will submit a paper based on this document to a journal sponsored by the American Speech-Language-Hearing Association following acceptance of this report by the practicum advisor.

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APPENDIX A

INFORMED CONSENT FORM

INFORMED CONSENT FORM

PURPOSE: The purpose of this practicum project is to improve clinical writing skills in graduate students enrolled in the Masters Program in Speech-Language Pathology. It is hoped that improved clinical writing skills will reduce the number of rewrites of reports in Audiology, Clinic Lab and Diagnostics, reduce the turn-around time in returning reports to referral sources, and will ultimately improve clinical writing skills in general.

PROCEDURE: All graduate students who will be enrolled in Diagnostics II in the Fall of 1984, or enrolled in Audiology, Phonological Disorders or Language Disorders in Children in the spring/summer 1994 semester, will be required to complete a clinical writing course during the spring/summer and fall, 1994 semesters. This commitment includes one hour per week of classroom time in addition to writing assignments (to be specified in the course syllabus). This is a no credit course offered free of charge to participants. While feedback will be provided to the students, overall performance will not affect grade point average in any way.

RISKS: There are no anticipated health, social or legal risks to participants.

CONFIDENTIALITY: Your participation in this practicum project is confidential to the extent permitted by law. Names will not be used in the reporting of information or in any future presentations and/or publications that may result from this practicum.

PARTICIPATION: You are free to ask questions about this project at any time. The writer is Barbara Packer, M.S. CCC (A), Masters Program in Speech-Language Pathology, LaBonte Institute for Hearing, Language and Speech, Nova Southeastern University. She can be reached at (305) 452-1474.

"I understand the explanation of the Clinical Writing practicum project as described above. I voluntarily consent to participate in this project."

_____

Name of Participant

_____ _____

Signature of Participant Date

APPENDIX B

CLINICAL WRITING COURSE SYLLABUS

CLINICAL WRITING COURSE SYLLABUS

SPRING/SUMMER, 1994
AND
FALL, 1994

INSTRUCTOR: Barbara Packer, M.S. CCC (A)

CLASS MEETINGS: One hour, once weekly, for two semesters. The time will be announced in advance of the first week of class. Students are required to attend each meeting.

TEXTBOOK: Students will not be required to purchase textbooks. Assigned readings will be made available in class.

MATERIALS: Students are required to purchase the following materials:

1. One (1) pack of 500, 5"x 8" ruled index cards (available at Office Depot or equivalent store; approximate cost - $4.75).
2. One (1) notebook dedicated specifically for journal writing.

COURSE DESCRIPTION: The clinical writing course will provide instruction and practice in clinical writing.

ASSIGNMENTS/GRADING:

DURING THE SPRING/SUMMER SEMESTER

1. Weekly journal entries will be reviewed once monthly by the instructor, and feedback will consist of written critique.

2. Microthemes will be reviewed weekly by the instructor or a peer, and feedback will consist of written critique.

3. Two (2) case histories (one for an audiology client, and one for a speech-language pathology client will be submitted to the instructor, and written comments will serve as feedback to the student.

4. Two (2) lesson plans (one for an aural rehabilitation client and one for a speech-language client) will be submitted to the instructor and written comments will serve as feedback to the student.

DURING THE FALL SEMESTER

1. Weekly journal entries will be reviewed once monthly by the instructor, and feedback will consist of written critique.

2. Microthemes will be reviewed weekly by the instructor or peer, and feedback will consist of written critique.

3. Two progress reports (one aural rehabilitation client and one speech-language pathology client) will be submitted to the instructor, and written comments will serve as feedback to the student.

4. The Impressions and Recommendations sections of two reports, (one audiology client and one speech-language pathology client) will be submitted to the instructor, and written comments will serve as feedback to the student.

PLEASE CAREFULLY REVIEW THIS SYLLABUS. IF YOU HAVE A DISABILITY WHICH YOU BELIEVE WILL INTERFERE WITH YOUR ABILITY TO SUCCESSFULLY COMPLETE THE REQUIREMENTS, YOU MUST NOTIFY THE INSTRUCTOR IN WRITING WITHIN ONE WEEK OF RECEIVING THE SYLLABUS.

SPRING/SUMMER TOPICS

1. Coaching the Process of Writing
2. Writing: An Act of Cognition
3. Journal Writing
4. Microtheme Strategies
5. Grammar
6. Grammar, continued
7. Philosophy of Report Writing
8. Ethics of Report Writing
9. Organizing the Report
10. Outline Strategies
11. Content Choices
12. Writing Style

FALL TOPICS

1. Report critique forms
2. First drafts
3. Editing and proofreading
4. Use of sample reports
5. Writing without bias
6. Professional correspondence
7. Computer-assisted analysis of reports
8. Ethical issues in reporting clinical research
9. Commonly misused words and phrases
10. Commonly misused words and phrases, continued
11. Diagnosing problems
12. Future trends in report writing

APPENDIX C

EXAMPLES OF MICROTHEME ASSIGNMENTS

EXAMPLES OF MICROTHEME ASSIGNMENTS

1. Suppose that you are the "Dean of Chastisement" for Nova University. A jury of peers found a masters degree student in speech/language pathology guilty of not attending a mandatory lab meeting. Prepare a brief "sentence" for this student and justify your "punishment".

2. A clinical report is similar to a research project in a number of ways. Briefly describe why this is true, and justify your response.

3. Using the data supplied below, write a microtheme on the topic, "Is Johnny hearing-impaired?"

-Began to babble at three months
-Began to walk at one year
-Does not answer to his name
-Does not startle when a pot drops on the tile floor
-Mom says Johnny stopped babbling at eight months
-Dad says Johnny is "willful"
-Doctor says not to worry, since boys talk later than girls
-Uncle Louie says Johnny watches faces carefully

4. In your opinion, what is the most important precept related to clinical reports mentioned in the American Speech-Language-Hearing Association's Code of Ethics? Describe in microtheme format.